

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: MEDICAL PUMP MONITORING SYSTEM

Attorney Docket Number:: 019952-160

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 25

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Akinori

Middle Name::

Family Name:: ZAITSU

Name Suffix::

City of Residence:: Kasuga-shi

State or Province of Residence:: Fukuoka

Country of Residence:: Japan

Street of Mailing Address:: 9-76, Momijigaokahigashi

City of Mailing Address:: Kasuga-shi

State or Province of Mailing Address:: Fukuoka

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing

Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Kou

Middle Name::

Family Name:: ISHIKAWA

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence:: Japan

Street of Mailing Address:: c/o Terumo Kabushiki Kaisha, 1500, Inokuchi,
Nakai-machi

City of Mailing Address:: Ashigarakami-gun

State or Province of Mailing Address:: Kanagawa

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing
Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Kenji

Middle Name::

Family Name:: NAKAHARA

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence:: Japan

Street of Mailing Address:: c/o Terumo Kabushiki Kaisha, 44-1, Hatagaya
2-chome

City of Mailing Address:: Shibuya-ku

State or Province of Mailing Address:: Tokyo

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing
Address::

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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This Application	Division of	09/864,394	May 25, 2001
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Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2000-161155	05/26/00	Yes
Japan	2000-352537	11/15/00	Yes

Assignee Information

Assignee Name:: TERUMO KABUSHIKI KAISHA

Street of Mailing Address:: 44-1, Hatagaya 2-chome

City of Mailing Address:: Shibuya-ku

State or Province of Mailing Address:: Tokyo

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address::